

Applicant Initiated Interview Request Form

Application No.: 10/009,134 First Named Applicant: C. SATISHCHANDRAN
Examiner: Kimberly Chong Art Unit: 1635 Status of Application: RCE filed 9/20/2010

Tentative Participants:

(1) Mark FitzGerald (2) Jeffrey Kopacz
(3) Kimberly Chong (4) _____

Proposed Date of Interview: September 22, 2010 Proposed Time: 10:30 (AM/PM)

Type of Interview Requested:

(1) ☐ Telephonic (2) ☒ Personal (3) ☐ Video Conference

Exhibit To Be Shown or Demonstrated ☐ YES ☒ NO
If yes, provide brief description: _____

Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>Rejection</u>	<u>107-114, 116- 136, 138-140, 142-145, 147, 157-167, 172- 174</u>	<u>Werther, Fire, Heifetz, Calabreta, Taira, Thompson</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) <u>Rejection</u>	<u>107-114, 116- 136, 138-140, 142-145, 147, 157-167 and 172-174</u>	<u>Taira, Fire, Thompson</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____ <input type="checkbox"/> Continuation Sheet Attached	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brief Description of Arguments to be Presented:

To discuss Examiner's understanding of cited prior art and state of the art, and clarify distinguishing aspects of the claimed invention with respect to prior art cited by Examiner.

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- 2 -

An interview was conducted on the above-identified application on _____
NOTE: This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP § 713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.

Applicant/Applicant's Representative Signature

Examiner/SPE Signature

Mark J. FitzGerald

Typed/Printed Name of Applicant or Representative

45,928

Registration Number, if applicable

This collection of information is required by 37 CFR 1.133. The information is required to Obtain or retain a benefit by the public which is to use (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form call 1-800-PTO-9199 and select option 2.

13142584.1

Applicant Initiated Interview Request Form

Application No.: 11/638,734

First Named Applicant: C. SATISHCHANDRAN

Examiner: Kimberly Chong

Art Unit: 1635 Status of Application: Response to Non-Final
Action filed 9/3/2010

Tentative Participants:

(1) Mark FitzGerald

(2) Jeffrey Kopacz

(3) Kimberly Chong

(4) _____

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Proposed Time: 10:30 (AM/PM)

Type of Interview Requested:

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Exhibit To Be Shown or Demonstrated ☐ YES

☒ NO

If yes, provide brief description: _____

Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>Rejection</u>	<u>99, 100, 102- 107, 109-113</u>	<u>Fire, Farrar, Heifetz, Thompson</u>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
(2) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
(3) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
(4) _____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
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Examiner/SPE Signature

Mark J. FitzGerald

Typed/Printed Name of Applicant or Representative

45,928

Registration Number, if applicable

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